## PATENT APPLICATION FEE DETERMINEN RECORD Effective October 1, 2000

**Application or Docket Number** 

09 18275

## **CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY** TYPE [ SMALL ENTITY OR (Column 2) (Column 1) NUMBER EXTRA FEE NUMBER FILED RATE FEE RATE FOR \$740 \$355 OR BASIC FEE minus 20= X\$18=X\$ 9= **TOTAL CLAIMS** 20 OR 84 1 ×841= minus 3 =X40= INDEPENDENT CLAIMS OR MULTIPLE DEPENDENT CLAIM PRESENT :280= +135 = OR 824 \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) ADDI-HIGHEST ADDI-**CLAIMS** PRESENT NUMBER REMAINING RATE TIONAL TIONAL RATE **PREVIOUSLY EXTRA AFTER** FEE AMENDMENT FEE **PAID FOR** AMENDMENT X\$18= X\$ 9= OR Minus \*\* Total X8H Minus Independent X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 280 +135 = OR TOTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST ADDI-ADDI-CLAIMS PRESENT NUMBER REMAINING TIONAL RATE TIONAL RATE **EXTRA PREVIOUSLY AFTER** AMENDMENT FEE FEE PAID FOR AMENDMENT X\$18= X\$ 9= Minus \*\* OR **Total** X84 Independent Minus X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +286= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-NUMBER PRESENT TIONAL REMAINING RATE RATE TIONAL **PREVIOUSLY EXTRA AFTER** AMENDMENT FEE FEE **PAID FOR AMENDMENT** X\$18= X\$ 9= Minus OR Total Minus X84 Independent X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280 +135= OR TOTAL • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADDIT. FEE \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.





**Application or Docket Number** 

| Effective October 1, 1997  Off Section 1997   |  |   |                                |           |                 |                                       |                  |   |                    |                        |    |                               |                        |  |
|---|--|---|--------------------------------|-----------|-----------------|---------------------------------------|------------------|---|--------------------|------------------------|----|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                |           |                 |                                       |                  |   | SMALL ENTITY TYPE  |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| FOR NUMBER FILED  |  |   |                                |           |                 | NUMBER EXTRA                          |                  |   | RATE               | FEE                    |    | RATE                          | FEE                    |  |
| BASIC FEE   |  |   |                                |           |                 |                                       |                  |   |                    | 395.00                 | OR |                               | 790.00                 |  |
| TOTA  | L CLAIMS   |   | Ø                              | minus     | 20 =            | *                                     |                  |   | x\$11=             |                        | OR | x\$22=                        |                        |  |
| INDE  | PENDENT CLA  | AIMS                                      | minus 3 =                      |           |                 | = *                                   |                  |   | x41=               |                        | OR | x82=                          | 80 -                   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                |           |                 |                                       |                  |   | +135=              |                        |    | +270=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                                |           |                 |                                       |                  |   |                    |                        | OR |                               | 8475 -                 |  |
| 1/1/  |  |   |                                |           |                 |                                       |                  |   | TOTAL              |                        | OR | TOTAL                         | 0/3                    |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                                |           |                 |                                       |                  |   | SMALL              | ENTITY                 | OR |                               | R THAN<br>ENTITY       |  |
| AMENDMENTA  | ***  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                |           | NI<br>PRE       | GHEST<br>JMBER<br>VIOUSLY<br>AID FOR  | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   |                                | Minus     | **              |                                       | =                |   | x\$11=             |                        | OR | x\$22=                        |                        |  |
|   | Independent  | *   |                                | Minus *** |                 |                                       | =                |   | x41=               |                        | OR | x82=                          |                        |  |
|   | FIRST PRES   | ION OF                                    | MULTIPLE DEPENDENT CLAIM       |           |                 |                                       | +135=            |   | OR                 | +270=                  |    |                               |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                |           |                 |                                       |                  | A | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
| AMENDMENT B   | ** **  | REMA<br>AF1                               | IMS<br>INING<br>FER<br>DMENT   |           | HI<br>NI<br>PRE | GHEST<br>UMBER<br>VIOUSLY<br>ND FOR   | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   |                                | Minus     | **              |                                       | =                |   | x\$11=             |                        | OR | x\$22=                        |                        |  |
|   | Independent  | *   |                                | Minus     | ***             |                                       | =                |   | x41=               |                        | OR | x82=                          |                        |  |
| <b>\</b>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                                |           |                 |                                       |                  |   | +135=              |                        | OR | +270=                         |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                |           |                 |                                       |                  |   | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
| AMENDMENT C   |  | CLA<br>REMA                               | AIMS<br>AINING<br>FER<br>OMENT |           | HI<br>NI<br>PRE | GHEST<br>UMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   |                                | Minus     | **              |                                       | =                |   | x\$11=             |                        | OR | x\$22=                        |                        |  |
|   | Independent  | *   |                                | Minus     |                 |                                       | =                |   | x41=               |                        | OR | x82=                          |                        |  |
| <   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= |   |                                |           |                 |                                       |                  |   |                    |                        | OR | +270=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                |           |                 |                                       |                  |   |                    |                        |    |                               |                        |  |